

11 F0100 102435119 Page 1 of 2

OFFICE OF THE SECRETARY OF STATE  
P O BOX 136, JACKSON, MS 39205-0136  
(601)359-1633

Business ID: 981555  
Date Filed: 04/11/2011 08:00 AM  
C. Delbert Hosemann, Jr.  
Secretary of State

### Mississippi LLC Certificate of Formation

The undersigned hereby executes the following document and sets forth:  
(fields marked with an asterisks are required)

1. **Name of the Limited Liability Company:** (The name must include the words "Limited Liability Company" or the abbreviation "LLC" or "L.L.C.")

⇒ \* Slabbed New Media, LLC

2. **The future effective date is**  **Business Email Address:** \_\_\_\_\_  
(Complete if Applicable)

3. **Federal Tax ID if available (Do not put Social Security Number in the box)**

⇒

4. **Name and Street Address of the Registered Agent and Registered Office is (must be in Mississippi)**

⇒ \*Name Douglas Handshoe

⇒ \*Physical Address 110 Hall Street

⇒ P.O. Box Post Office Box 788

\*City Wiggins

MS 39577-2623

\* State \* Zip5 - Zip4

5. **If the Limited Liability Company is to have a specific date of dissolution, the latest date upon which the Limited Liability Company is to dissolve is**

⇒

6. **Is full or partial management of the Limited Liability Company vested in a manager or managers? (Mark Appropriate box)**

⇒ \* ☒ Yes ☐ No

7. **Other matters the managers or members elect to include: (Attach additional pages if necessary)**

⇒

⇒

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Page 2 of 2 OFFICE OF THE SECRETARY OF STATE  
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## Certificate of Formation

8. Signatures: This certificate must be signed by at least one member, manager, or organizer. (If signed by "manager" box 6 on page one 1 should be marked "yes".) The name, title, and address of each signer should be included in the spaces indicated. This page may be duplicated for additional signatures.

\* Printed Name

Douglas handshoe

\* Title

Manager/Member

\* By: Signature



(please keep writing within blocks)

Street and  
Mailing Address

⇒ \* Physical Address

110 Hall Street

⇒ \* P. O. Box

Post office Box 788

⇒ \* City

Wiggins

MS

39577-2623

State Zip5 - Zip4

Printed Name

Title

By: Signature

(please keep writing within blocks)

Street and  
Mailing Address

⇒ Physical Address

⇒ P. O. Box

⇒ City

State Zip5 - Zip4

**F0108**

**2016126550**

**Fee: \$**



DELBERT HOSEMAN  
*Secretary of State*

P.O. BOX 136  
JACKSON, MS 39205-0136

Business ID: 981555  
Filed: 04/07/2016 12:59 PM  
C. Delbert Hosemann, Jr.  
Secretary of State

TELEPHONE: (601) 359-1633

## 2016 LLC Annual Report

### **Business Information**

***Business ID:*** 981555

***Business Name:*** Slabbed New Media, LLC

***State of Incorporation:*** MS

***Business Email:*** earning04@gmail.com

***Phone:*** (\*\*\*)\*\*\*-\*\*\*\*

***FEIN:*** \*\*-\*\*\*\*\*

***Principal Address:*** 110 Hall Street  
Wiggins, MS 39577

### **Registered Agent**

***Name:*** Handshoe, Douglas

***Address:*** 110 Hall Street; Post Office Box 788  
Wiggins, MS 39577

### **Managers and Members**

#### **Managers**

***Name:***  
Douglas Handshoe  
*Manager, Member*

***Address:***  
110 Hall Street, Post Office Box 788  
Wiggins, MS 39577

#### **Members**

***Name:***  
Douglas Handshoe  
*Manager, Member*

***Address:***  
110 Hall Street, Post Office Box 788  
Wiggins, MS 39577

**Officers**

***Title/Name:***

***Address:***

***Director:***

**President:**

☐

**Vice President:**

☐

**Secretary:**

☐

**Treasurer:**

☐

☒ This LLC has a written Operating Agreement.

**NAICS Code/Nature of Business**

519130 - Internet Publishing and Broadcasting and Web Search Portals

**Signature**

By entering my name in the space provided, I certify that I am authorized to file this document on behalf of this entity, have examined the document and, to the best of my knowledge and belief, it is true, correct and complete as of this day ***04/07/2016***.

***Name:***

Douglas Handshoe  
*Manager*

***Address:***

110 Hall Street  
Wiggins, MS 39577

**Officers List**

***Name:***

Douglas Handshoe  
*Manager, Member*

***Address:***

110 Hall Street, Post Office Box 788  
Wiggins, MS 39577